

# TRANSMITTAL FORM

Application Number	10/509,552
Filing Date	June 9, 2005
First Named Inventor	Djupestrand, Per Gisle
Group Art Unit	3771
Examiner Name	Ostrup, Clinton T.
Attorney Docket No.	44508-137
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
---	--	--

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Proskauer Rose LLP  
 1585 Broadway  
 New York, NY 10036-8299  
 Tel. No.: (212) 969-3000  
 Fax No.: (212) 969-2900

## SIGNATURE BLOCK

Respectfully submitted,

Date: January 21, 2010 /Isaac A. Hubner, Reg. No. 61,393/  
 Isaac A. Hubner, Reg. No. 61,393  
 Agent for the Applicant  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600

Tel. No.: (617) 526-9893  
 Fax No.: (617) 526-9899